

BEST AVAILABLE COPY

*Broker*

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/069791</b>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2		/		/			52	
3		/		/			53	
4		3		/			54	
5		3		/			55	
6		2		/			56	
7				/			57	
8				/			58	
9				/			59	
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46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1		1				TOTAL IND.	
TOTAL DEP.	10		10				TOTAL DEP.	
TOTAL CLAIMS	11		11				TOTAL CLAIMS	